



**REQUEST FOR YOUTH PARTICIPATION  
IN NON-MEDICAL, NON-COSMETIC, AND NON-PHARMACEUTICAL  
RESEARCH PROJECTS**

Name of Requesting Person(s): \_\_\_\_\_

Agency: \_\_\_\_\_

Division: \_\_\_\_\_ Unit: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Will youth receive any compensation, remuneration or payment of any kind? ☐ No ☐ Yes

**If yes, permission will be denied.**

1. Purpose of proposed research project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Youth involvement in proposed research project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Youth Date

\_\_\_\_\_  
Parent/Guardian Date

***Bottom portion to be completed by the YCC Bureau Chief, YSD Administrator and Director***

Approved ☐ Denied ☐

Limits and/or conditions under which this project may be conducted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
YCC Bureau Chief Date

\_\_\_\_\_  
YSD Administrator Date

\_\_\_\_\_  
Director Date